

D.A.R.E. America
Inter/Intra Regional Request for Training

AGENCY / APPLICANT INFORMATION (To be completed by requesting agency):

Requesting Agency:			Date:	
Address:		City:	State	Zip
Applicant's Name:			Social Security #	
Agency Contact Person:		Phone Number:		Fax Number:
Type of Training Requested: <input type="checkbox"/> DOT <input type="checkbox"/> MOT <input type="checkbox"/> JR. HIGH <input type="checkbox"/> SR. HIGH <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER				
Name and Location of Training Center to Provide Training:				
Dates of Training Seminar:				
Number of Years as Certified Peace Officer:		Number of D.A.R.E. Elementary Semesters Taught:		Number of D.A.R.E. Elementary Classes Taught:
Justification for Requested Training:				
Authorized Agency Representative Signature:			Date:	

STATE COORDINATOR'S APPROVAL (To be completed by requesting agencies state coordinator):

I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT		Endorse This Request For Inter/Intra Regional Training
Applicant: <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT		Meet Minimum Criteria Established For Selection and Training
State Coordinator's Signature:		Date:

TRAINING CENTER APPROVAL (To be completed by representative of training center providing the requested training):

Requested Training: <input type="checkbox"/> CAN <input type="checkbox"/> CAN NOT		Be Provided
Authorized Training Center Representative Signature:		Date:

REGIONAL DIRECTOR'S APPROVAL (to be completed by authorized regional director):

I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT		Endorse This Request For Inter/Intra Regional Training
Regional Director Authorization:		Date: